



00270

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 830.00)

## Complete If Known

Application Number	09/445,803
Filing Date	12/13/1999
First Named Inventor	M. Philipp et al.
Examiner Name	R. Swartz
Group Art Unit	1645
Attorney Docket No.	TUL2AUSA

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	08-3040
Deposit Account Name	Howson and Howson

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:  
 Check     Credit card     Money Order     Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	740	201	370 Utility filing fee
106	330	206	165 Design filing fee
107	510	207	255 Plant filing fee
108	740	208	370 Reissue filing fee
114	160	214	80 Provisional filing fee

SUBTOTAL (1) (\$ 370.00)

## 2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
10	-20** = 0		x	= 0.00	
3	- 3** = 0		x	= 0.00	
					= 0.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	84	202 42 Independent claims in excess of 3
104	280	204 140 Multiple dependent claim, if not paid
109	84	209 42 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

\*\* or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	920	217 480 Extension for reply within third month	460.00
118	1,440	218 720 Extension for reply within fourth month	
128	1,960	228 980 Extension for reply within fifth month	
119	320	219 160 Notice of Appeal	
120	320	220 160 Filing a brief in support of an appeal	
121	280	221 140 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,280	241 640 Petition to revive - unintentional	
142	1,280	242 640 Utility issue fee (or reissue)	
143	460	243 230 Design issue fee	
144	620	244 310 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR 1.17(q)	
126	180	126 180 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
148	740	246 370 Filing a submission after final rejection (37 CFR § 1.129(s))	
149	740	249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	278 370 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 460.00)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mary E. Bak	Registration No. (Attorney/Agent)	31,215	Telephone	215-540-9200
Signature	<i>Mary E. Bak</i>			Date	09/09/2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



00270

TELECOPIER MESSAGE  
HOWSON AND HOWSON  
Spring House Corporate Center  
Box 457  
Spring House, PA 19477

TO: US Patent and Trademark Office  
DATE: September 9, 2002  
REFERENCE: US Patent Application No. 09/445,803  
NUMBER OF PAGES (INCLUDING COVER SHEET): 13  
TELECOPIER NUMBER OF RECIPIENT:

703-308-4242

FAX RECEIVED

SEP 10 2002

GROUP 1600

OFFICIAL

## OFFICIAL COMMUNICATION

The following documents have been facsimile transmitted to the USPTO:

- (i) one (1) page Petition for Extension of Time;
- (ii) one (1) page Fee Transmittal Letter;
- (iii) one (1) page Transmittal Letter;
- (iv) six (6) page Preliminary Amendment;
- (v) two (2) page CPA Transmittal; and
- (vi) one (1) page Return CPA Receipt.

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office  
on 9/9/2002

Date

Signature

TRACY U. PALOVICH

Typed or printed name of person signing Certificate

The information contained in this telecopier message and any accompanying pages is intended only for the personal and confidential use of the designated recipient(s). This may be privileged attorney-client communication. If you are not a designated recipient or an agent responsible for delivery of this message, you have received this document in error, and any review, dissemination, distribution, use or copying is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, telex, or return telecopier message, and return the original by mail. Thank You.

TELECOPIER: (215) 540-5818  
PHONE: (215) 540-9200  
E-MAIL: Howson2@aol.com

Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	09/445,803
Filing Date	December 13, 1999
First Named Inventor	M. Philipp
Group Art Unit	1645
Examiner Name	R. Swartz
Total Number of Pages in this Submission	Attorney Docket Number
	TUL2AUSA

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. 2 page CPA Transmittal 2. 1 page CPA Return Receipt 3. 6 page Preliminary Amendment
---	---	---

Remarks:



00270

PATENT TRADEMARK OFFICE

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Mary E. Bak, Registration No. 31,215
Signature	
Date	9-9-2002

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: \_\_\_\_\_

Typed or printed name			
Signature	Date		

Burden of Proof Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231